

Life insurance is about financial security and care for the next generation.

INCOME IS THE FOUNDATION OF YOUR FINANCIAL LIFE. INSURE IT.

Life insurance replaces your income for the ones you love. Disability insurance replaces it for you. Critical illness insurance increases your chance to recover and protects your income at retirement.

Date: _____

Clients' names: _____



Benefit from an industry regulated to protect you.

All family decision-makers must be present at meetings.

Documents your insurance advisor will need:

- the contracts of all life/disability/critical illness insurance you have in force
- the most recent statements from UL and Whole Life policies in force
- benefits booklet from the group plan you and your spouse are members of (employer, association, professional organization)
- statement of mortgage life insurance confirming the covered mortgage holders, the benefits (life, DI, CI), the coverage (100% or 50% of the mortgage balance for life and CI; 100% or 50% of the mortgage payments for DI)

THE ADVISOR'S DISCLOSURE

Know who is protecting you and how.

Advisor: Patrick Surbey Bougie

Title: Financial security advisor

Insurers I am contracted with:

License, jurisdiction and distributor relationship.

-  Assumption Life
-  IA Excellence
-  Blue Cross
-  Industrial Alliance
-  BMO Insurance
-  ivari
-  Canada Life
-  La Capitale
-  Canada Protection Plan
-  Manulife
-  Desjardins Financial Security*
-  RBC Insurance
-  EDGE Benefits
-  SSQ Insurance
-  Empire Life
-  Sun Life Financial
-  Equitable Life of Canada
-  TIC Travel Insurance
-  Foresters Financial
-  TourMed Travel Insurance
-  Humania Assurance
-  Union Life

I am licensed as a life and health insurance advisor in the province(s) of Québec and: _____(other provinces).
I am also licensed/registered in the following fields (example: mutual funds - disclose dealer's name too):
_____.

My relationship with North East Financial Inc.

- I am an independent representative in partnership with North East Financial Inc. (NEF). NEF has no ownership in my business. I have a commission sharing and partnership agreement with NEF.

Commission sharing agreement with North East Financial Inc.

Based on commission sharing agreement with NEF, commissions generated from my activities as a Financial Security Advisor are shared with NEF and through NEF, with other brokers that are members of the NEF distribution network. In return, NEF provides me with compensation, compliance, business process management and client relationship management systems and ongoing training and education that allow me to better service my clients and to grow my business.



- I am an attached to NEF representative without being an employee of the company. I am paid commissions/salary from NEF
- I am an employee of NEF. I am paid commissions/salary from NEF.

Commission sharing agreements with other registrants of AMF.

- None to disclose.
- _____
- _____

*not applicable for Quebec

Bank products I can refer:

-  **Manulife Bank** Mortgages • High interest CAD and USD business accounts • High interest CAD and USD savings accounts • RRSP and TFSA accounts • Investment loans • Credit cards • GIC-s
-  **B2B BANK** RRSP loans • TFSA loans • Investment loans • GIC-s • High interest savings accounts

My relationship with Managing General Agents.

For insurance products, I process my insurance related business through AgenZ Inc. and HUB Financial Inc. (Managing General Agents, or "MGA-s"), which will pay me, or direct the insurance company to pay me, a bonus on commissions earned from the sale or insurance products that I sell. This bonus constitutes a portion of the overall compensation I am paid in conjunction with commissions referenced below. In addition, I have full discretion to deal with one or the other insurer with whom I trade and I am not subject to any pressure from AgenZ Inc. and HUB Financial Inc. to favour one or the other insurer.

NORTH EAST FINANCIAL INC. Helping families and businesses succeed with money.

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Other distributor relationships.

I am also a registered advisor with the following other distributors:

_____ or

NONE (check the box if not contracted with other distributors).

Referral disclosure.

You were referred to me by one of my referral partners: _____ (the Referrer). Based on the terms of the Referral Agreement between the Referrer and me, the Referrer will receive a Referral Fee of \$ _____ for introducing you to me. The referral fee is paid for introductions only. It is non-dependent on me providing my services as a Financial Security Advisor to you. No compensation will be paid to the Referrer based on products and services I provide to you as a Financial Security Advisor. For more information on the Referral Agreement please contact me and/or the Referrer directly.

Continuing education.

In order to maintain my life/accident and sickness license, I am required to meet mandatory continuing education. Where applicable, I meet these educational requirements through attendance at various seminars and industry meetings.

Compensation – monetary and non-monetary.

Upon completion of an insurance transaction, I will be paid a sales commission by the company that provides the product you purchase (applies to independent advisors) or by NEF (applies to advisors attached to NEF or employed by NEF). the commission is generally based on a percentage of the premiums. I may receive a renewal (or service) commission if you keep that policy in force. I may be eligible for additional compensation, such as bonuses or non-monetary benefits, such as travel incentives, conferences, seminars, depending on various factors such as the volume of my sales or persistency of business that I place with a particular company during a given time of period. Should your contract be cancelled within a certain period of time I may be subject to a chargeback for a portion or all of the commissions earned.

Nature of my relationship with the companies I represent.

No insurance company holds an ownership interest in my business, nor do I hold or control ownership in any insurance company.

Products and services provided.

I can offer you a full range of insurance products and services including life, critical illness, and disability insurance, segregated funds (corporate, trust and individual accounts, RESP, TFSA, RRSP, RIF, LIRA and LIF accounts), annuities, health, drugs and dental insurance, travel insurance and GIA's.

Please initial those areas which you agree to engage myself for further review. **Areas for which you opt to decline WILL NOT BE DISCUSSED and as such you agree to remove me from any responsibility whatsoever regarding those declined areas.**

| product/service | I am interested | I am not interested | product/service | I am interested | I am not interested |
|------------------|--------------------------|--------------------------|----------------------|--------------------------|--------------------------|
| Life | <input type="checkbox"/> | <input type="checkbox"/> | Health/dental/travel | <input type="checkbox"/> | <input type="checkbox"/> |
| Critical illness | <input type="checkbox"/> | <input type="checkbox"/> | Segregated funds | <input type="checkbox"/> | <input type="checkbox"/> |
| Disability | <input type="checkbox"/> | <input type="checkbox"/> | Annuities | <input type="checkbox"/> | <input type="checkbox"/> |
| Long term care | <input type="checkbox"/> | <input type="checkbox"/> | GIA-s | <input type="checkbox"/> | <input type="checkbox"/> |

Conflicts of interest.

I am required to declare any interest that may prevent me from offering impartial advice. I will notify you immediately if there is a conflict of interest of which I become aware in regards to my services.

Conflicts of interests to disclose:

_____ or

NONE (Check the box if there are no conflicts of interests. IF CONFLICTS OF INTERESTS ARISE IN YOUR FUTURE WORK WITH THE CLIENTS, YOU MUST PROPERLY DISCLOSE THEM AND DOCUMENT THEM).

More information.

Should you require more information about my qualifications or the nature of my business relationships, I would be pleased to assist you.

Additional business.

You are not required to transact additional or other business with me as a condition of this transaction. Other than outlined above, your personal information will not be shared with individuals or other organizations.

Date: _____ **Advisor's Signature:** _____

Clients' acknowledgement.

I/We _____ (clients' names), hereby acknowledge that I/We have been given a copy of this Advisor Disclosure Form and have read it and understand it fully, specifically, with regard to the companies my advisor works with, how he or she may be compensated and with respect to conflict of interests existing or potential on any recommendation that is made by my representative.

Signed in _____, on the _____ day of _____, 2019

Client's signature: _____

Client's signature: _____

CLIENTS' AUTHORIZATIONS

For the creation of a client file and for additional personal information or documents.

I/We, _____ authorize _____, my financial security advisor ("representative") to create and maintain a client file for me in paper and digital form. This file will contain personal information related to me and will include the coordinates I have provided below which will be collected and used in order to assess my financial situation, contact me to offer products and services that may be of interest and benefit to me, and assist me with the ongoing services, changes or benefits and claims, and fulfill such other purposes as are directly related to the preceding. This personal information may include records of meetings and phone calls, and instructions that I give in regards to the products and services that I have purchased or wish to purchase or consider. Disclosure of my personal file will be limited to:

- my representative and his employees, companies my representative represents in providing, or seeking to provide, products or services to me (including their employees and persons authorized by either of them, when the information is required for the performance of the person's duties on their behalf);
- **North East Financial Inc., AgenZ, HUB Financial** and any other company/brokerage firm my representative conducts business through (including their employees and persons authorized by either of them, when the information is required for the performance of the person's duties on their behalf);
- persons I have granted access; and
- persons allowed by law.

I further agree that I will not provide my representative with original documents. I agree that any copies of documents I provide may be converted by my advisor and the companies he/she conducts business through or represents into another format, and neither my representative nor the companies he/she conducts business through or represents will be under any obligation to retain the document as originally provided.

Storage of my personal file.

I have been informed by my representative that:

- My physical/paper file is kept securely in the office of my representative;
- My digital file is stored in a cloud storage at Sync.com (for more details on security: <https://www.sync.com/your-privacy/>) and/or in the Client Relationship Management System (CRM) provided to my representative by North East Financial Inc. (for information about the security of the CRM: <https://www.bitrix24.com/security/index.php>).

In addition, it is understood and agreed that:

| | | | | |
|---|---------------------------------|--------------------------------|--------------------|-----------------------|
| Personal information concerning the service of my financial security needs will be maintained with those of my spouse* | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Initials: _____ | Valid as of: _____ |
| My representative is authorized to hold "additional" personal information or documents** (originals or copies) containing my personal information, provided by me or with my authorization. | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Initials: _____ | Valid as of: _____ |
| My preferred method for communicating with my representative for the purpose of this authorization: | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Initials: _____ | Valid as of: _____ |
| Telephone/voice mail: | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ |

Email***: _____
 Fax***: _____
 In writing: _____
 Other: _____

* An Authorization for the creation of a client file and for additional personal information or documents signed by the spouse is also required.

** "Additional" personal information or documents: "Additional" personal information is personal information which extends beyond what is required to be kept, according to the company offering products and/or services for the purposes of a representative's client file, as outlined in the first paragraph. Examples of personal information and documents are:

- original insurance policies
- wills
- powers of attorney
- marriage certificates
- income tax returns/ notices of assessment
- mortgage/ real property ownership papers
- other(s): _____

***For your convenience, we can contact you by e-mail or fax. However, please note that the use of email and fax are not secure mediums and personal information should be transmitted by more secure means.

Disclosure of my personal information may also be made to _____ to allow him/her to render financial security planning services to me.

I understand, acknowledge, and agree that companies my representative conducts business through and represents in providing, or seeking to provide, products or services to me will not be in any way responsible for any "additional" documents I deposit with my representative, and will not be liable for any loss, use, disclosure, safekeeping, or return of such documents.

This does not apply, however, to any document or information that is requested by companies my representative represents in providing, or seeking to provide, products or services to me and given by me to my representative for immediate transfer to the head or administrative offices of either companies my representative represents in providing, or seeking to provide, products or services to me, as applicable.

I understand that in accordance with applicable laws and upon my request, my representative will make the information that is the object of the present authorization available to me and that I have the right to request correction of such personal information.

This authorization is valid until revoked. I may revoke in whole or in part this authorization at any time by sending a written notice to my representative. A reproduction of this authorization will be as valid as the original.

Date: _____ **Client's signature:** _____

Date: _____ **Client's signature:** _____

Canadian anti-spam legislation: express consent.

Canada's anti-spam law (CASL) came into effect on July 1st, 2014 and may affect our ability to send you a commercial electronic message (CEM) on topics of interest to you, as well as invitations to our events. Check the box below to consent to receiving from us (your representative and North East Financial Inc.) at the following email address:

Yes, I Agree. Please print your *email address clearly: _____

Date: _____ Signature: _____

No, I do not agree.

Yes, I Agree. Please print your *email address clearly: _____

Date: _____ Signature: _____

No, I do not agree.

to receive any commercial electronic message, which may include communications about regulatory changes, news, publications, education program, information and invitations to events that may be of interest to you.

**Should your email address change, this consent is still valid until you unsubscribe or otherwise notify us in writing to our address or by email that you no longer would like to receive CEM's.*

For information about CASL, please visit: <https://crtc.gc.ca/eng/internet/anti.htm>.

Consent to be contacted by North East Financial Inc. for product/service/advice suitability and compliance reasons.

I/We, _____ have been informed that North East Financial Inc. provides business practice, education and compliance support to my financial security advisor.

Furthermore, for my personal protection and for the protection of my financial security advisor, I authorize North East Financial Inc. and its compliance officers, to contact me if needed by phone or by email in order to discuss with me the suitability of the services and products offered by my financial security advisor.

Date: _____ **Client's signature:** _____

Date: _____ **Client's signature:** _____

ABOUT YOU

Personal information

| | |
|--|--|
| Name: _____ | Name: _____ |
| Email: _____ | Email: _____ |
| Phone number: _____ Text OK ? <input type="checkbox"/> | Phone number: _____ Text OK ? <input type="checkbox"/> |
| Date of birth: _____ YYYY/MM/DD | Date of birth: _____ YYYY/MM/DD |
| Address: _____ | Address: _____ |

Occupation

| | |
|--------------------|--------------------|
| Company: _____ | Company: _____ |
| Position: _____ | Position: _____ |
| Work number: _____ | Work number: _____ |
| Work email: _____ | Work email: _____ |

Advisors

| | |
|--------------------------|---------------------|
| Estate Executor: _____ | Phone Number: _____ |
| Power of Attorney: _____ | Phone Number: _____ |
| Accountant: _____ | Phone Number: _____ |
| Lawyer: _____ | Phone Number: _____ |

Children and education

| | |
|---------------------|-------------------------------|
| Child's name: _____ | Child's DOB: _____ YYYY/MM/DD |
| Child's name: _____ | Child's DOB: _____ YYYY/MM/DD |
| Child's name: _____ | Child's DOB: _____ YYYY/MM/DD |
| Child's name: _____ | Child's DOB: _____ YYYY/MM/DD |

Income designated for child benefits. How is it used ?

- *Canada Child Benefit (CCB) monthly benefit estimation for a family with two kids: 50k family income - \$700; 75k - \$470; 100k - \$350
- *Quebec Family Allowance (QFA) monthly benefit estimation for a family with two kids: \$110-\$300

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*The numbers here are provided for estimation purposes only. The actual benefits amounts are determined by the corresponding government.

Total Monthly CCB and QCA benefits: \$ _____ How is the money invested? _____ Are there kids with no RESP plan? Yes / No Existing RESP (Where) : _____ Family / Individual RESP Balance: \$ _____ Monthly contribution: \$ _____

Financial Information (all information is kept strictly confidential)

DATE: _____ YOU: _____ SPOUSE: _____
Annual income: _____
Presently you Own a home. Rent. Monthly rent payment: \$ _____
Home value: \$ _____ Mortgage balance: \$ _____ Monthly payment: \$ _____
Will planning: Up-to-date will Yes No Power of Attorney Yes No

TOTAL INSURANCE (Risk Management)

Group Life Insurance _____
Individual Life Insurance _____
Critical Illness Insurance _____
Disability Insurance _____
Long Term Care Insurance _____

TOTAL ASSETS (Excluding Principal Residence)

Cash Value in Life Insurance _____
Stocks / Funds / Bonds _____
Savings and GIC-s _____
RRSP-s _____
TFSA _____
Annuities/RRIF-s _____
Real Estate _____
Pension / Profit Sharing _____
Others _____

TOTAL LIABILITIES (Excluding Mortgage on Principal Residence)

Credit Cards _____
Car Loan _____
Line of Credit _____
Investment Loan _____
Others _____

NET WORTH (Assets minus Liabilities) \$ _____ \$ _____

Risk Profile

Please select one I am willing to take substantial risks in order to maximize my rate of return. I am willing to take substantial risks in order to maximize my rate of return.
 I am willing to take an average amount of risk to improve my rate of return. I am willing to take an average amount of risk to improve my rate of return.
 I prefer to take very little risk with my investments. I prefer to take very little risk with my investments.

Notes

Date:_____ **Client acknowledgement:**_____

Date:_____ **Client acknowledgement:**_____

Date:_____ **Advisor acknowledgement:**_____

LIFE INSURANCE NEEDS ANALYSIS

How much life insurance is enough?

Permanent life insurance you need

Amount for final expenses.

Funeral cost, final tax return, estate liquidation cost, notarial fees, probate fees.

You: _____ Spouse: _____

\$ _____ \$ _____

Estate tax.

Do you have any registered accounts, rental or secondary properties? Include here capital gains tax on non-registered investments and secondary and rental properties and income tax on registered accounts.

\$ _____ \$ _____

Leave a bequest and/or give to a charity.

Are there any people, causes, organisations or charities that you want to help or contribute to?

\$ _____ \$ _____

Total permanent life insurance needs:

Add all of the above and subtract any existing permanent life insurance.

\$ _____ \$ _____

Existing permanent life insurance: \$ _____ (you); \$ _____ (your spouse).

Temporary life insurance you need

Your family depends on your income. A primary purpose of life insurance is to provide the capital needed for the continuation of your income, so your family financial needs are met.

\$ _____ \$ _____

A: Your net monthly income is \$ _____; your spouse: \$ _____.

B: How much of your income do you want to preserve for your family? It is recommended to preserve for your family 70% to 100% of income. You: _____%; Your spouse: _____%.

Capital needed for income preservation = A x 12 x B x The factor from the table below.

| | Number of years your family needs your income for. Usually, until your spouse reaches retirement. At minimum, until the kids are financially independent. | | | | | | |
|-------------------|---|------|-------|-------|-------|-------|-------|
| Investment return | 5 | 10 | 15 | 20 | 25 | 30 | 35 |
| 1% | 4.85 | 9.47 | 13.87 | 18.05 | 22.02 | 25.81 | 29.41 |
| 2% | 4.71 | 8.98 | 12.85 | 16.35 | 19.52 | 22.40 | 25.00 |
| 3% | 4.58 | 8.53 | 11.94 | 14.88 | 17.41 | 19.60 | 21.49 |
| 4% | 4.45 | 8.11 | 11.12 | 13.59 | 15.62 | 17.29 | 18.66 |
| 5% | 4.33 | 7.72 | 10.38 | 12.46 | 14.09 | 15.37 | 16.37 |

Secure your home for your family. Insure the balance of your mortgage.

Your partner/kids might not be able to qualify for a mortgage once your revenue is gone.

\$ _____ \$ _____

Do you want to leave your family in debt? Insure your other personal debt.

Do you want to have your consumer debt paid for your family? Include here your car loan, credit cards, lines of credit, other loans.

\$ _____ \$ _____

Other temporary life insurance needs

\$ _____ \$ _____

Total temporary life insurance needs equal all of the above minus:

Existing temporary life insurance: \$ _____; Your spouse: \$ _____.

\$ _____ \$ _____

Assets that will be liquidated at your death like real estate properties, savings, investment accounts, TFSA, after-tax proceeds from registered accounts that are not rolled over to your spouse. (Include only assets that will not be needed by your family after you pass away)

After-tax proceeds from liquidatable at your death assets: \$ _____ (you);

\$ _____ (your spouse)

Total life insurance you need

Total amount of life insurance
(The sum of permanent and temporary life insurance needed)

\$ _____ \$ _____

Date: _____ Client acknowledgement: _____

Date: _____ Client acknowledgement: _____

Date: _____ Advisor acknowledgement: _____

DISABILITY INSURANCE NEEDS ANALYSIS

Make sure your income does not disappear in case of a sickness or an accident.

Option ONE: "I need a full income replacement in case of sickness or an accident."

"I need to replace my total income in case of a disability:"

| | | |
|---|-----------------|-----------------|
| | You: _____ | Spouse: _____ |
| <input type="checkbox"/> Your net monthly income is: (a) (Your employment/business income after employment/business expenses and taxes) | \$ _____ | \$ _____ |
| <input type="checkbox"/> Existing disability insurance: (b) (group disability insurance, personal disability insurance) | \$ _____ | \$ _____ |
| Total disability insurance you need = a - b | \$ _____ | \$ _____ |

Option TWO: "I earn significantly more than I spend and save long term. I do not need a full income replacement in case of disability."

"I need to insure regular expenses and required contributions to savings only:"

| | | |
|--|-----------------|-----------------|
| <input type="checkbox"/> Total expenses and savings contributions you need to insure: (Sum the expenses and savings contributions below) | \$ _____ | \$ _____ |
| Housing costs (mortgage or rent, property tax, maintenance) | \$ _____ | \$ _____ |
| Groceries and household items | \$ _____ | \$ _____ |
| Utilities - electricity, heat, water, etc. | \$ _____ | \$ _____ |
| Telephone, internet, etc. | \$ _____ | \$ _____ |
| Kids' activities, education and other expenses | \$ _____ | \$ _____ |
| Travel and entertainment | \$ _____ | \$ _____ |
| Loans and credit cards | \$ _____ | \$ _____ |
| Car expenses (leases or car loans, gas, repairs, insurance, license, registration) | \$ _____ | \$ _____ |
| Insurance expenses (health, life, living benefits, etc.) | \$ _____ | \$ _____ |
| Clothing | \$ _____ | \$ _____ |
| Other expenses | \$ _____ | \$ _____ |
| Savings plans contributions (pension plans, RRSP, RESP, TFSA, emergency fund) | \$ _____ | \$ _____ |
| <input type="checkbox"/> Existing disability insurance: (b) (group disability insurance, personal disability insurance) | \$ _____ | \$ _____ |
| Total disability insurance you need = a - b | \$ _____ | \$ _____ |

Date: _____ Client acknowledgement: _____

Date: _____ Client acknowledgement: _____

Date: _____ Advisor acknowledgement: _____

CRITICAL ILLNESS INSURANCE NEEDS ANALYSIS

Based on: Industrial Alliance form # F13-405A(6) (08-07): Financial needs analysis in the event of a critical illness; Sun Life form # DDF-0181-E-1013: Critical Illness Insurance Needs Analysis Worksheet

Be financially secure in times of physical and emotional distress. Focus on recovery.

If your family is hit by a critical illness, you would want to be able to:

| | | | |
|--|-------------|-------------|-----------------------|
| | name: _____ | name: _____ | Insurance for a child |
| <input type="checkbox"/> Give yourself a better chance to survive: obtain timely medical care, benefit from the expertise of recognized specialists: | \$ _____ | \$ _____ | \$ _____ |
| Pay for private clinic, out of country diagnosis/recommendations/care, uninsured medications. These expenses can vary from \$10,000 to well above \$100,000. | | | |
| <input type="checkbox"/> Cover other medical related costs, pay for household support, adapt for new special needs: | \$ _____ | \$ _____ | \$ _____ |
| Pay for home care, special duty nursing, complementary or alternative medical care, rehabilitation; Pay for daycare, babysitting, cleaning and cooking help; Install wheelchair ramps or elevators, refitting kitchen and bathrooms, providing specialized transportation. Such expenses can vary from \$0 to well above \$100,000. | | | |
| <input type="checkbox"/> Replace your monthly income and allow the time off work needed for a complete recovery: | \$ _____ | \$ _____ | \$ _____ |
| Top up disability payments if eligible for disability; replace your monthly income during unpaid leave. For how long? It is recommended to replace your income for at least 12 to 18 months. | | | |
| <input type="checkbox"/> Allow your spouse to stop working temporarily and help you or your child recover: | \$ _____ | \$ _____ | \$ _____ |
| (Replace his/her monthly income. For how long? It is recommended to replace your spouse's income for at least 6 months.) | | | |
| Total amount of critical illness insurance needed: | \$ _____ | \$ _____ | \$ _____ |
| Add all of the above and subtract any existing critical illness insurance: | | | |
| Existing critical illness insurance: | | | |
| You: \$ _____ ; Your spouse: \$ _____ . | | | |

Date: _____ Client acknowledgement: _____

Date: _____ Client acknowledgement: _____

Date: _____ Advisor acknowledgement: _____

LIFE INSURANCE: THE BASICS

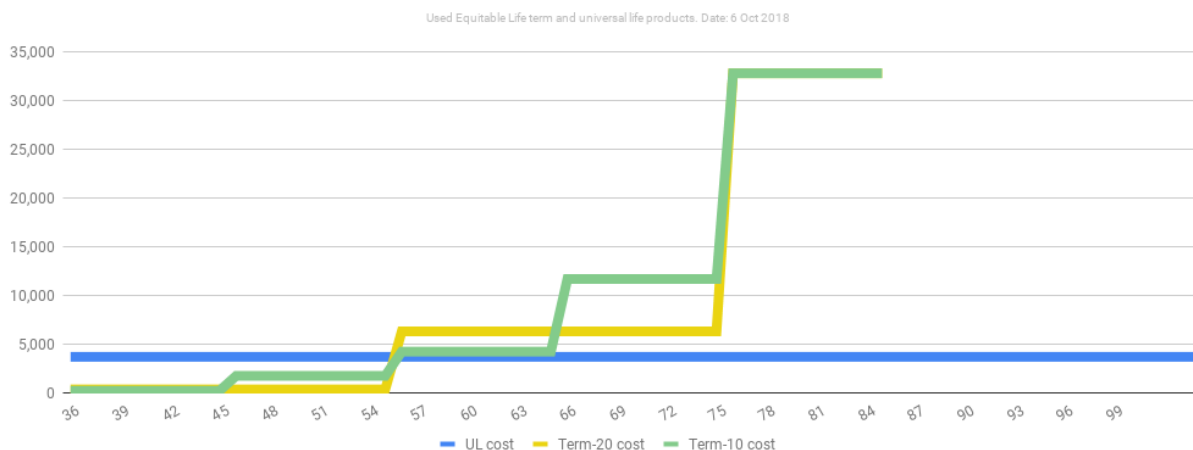
Protect the ones you love. Build the family wealth. Lay the financial security foundation for the next generation. Find happiness in giving.

You would often hear people in the financial consulting industry preaching “buy term and invest the difference”.

Yet, one of the biggest regrets of the older people we meet is not having purchased permanent life insurance earlier on in life.

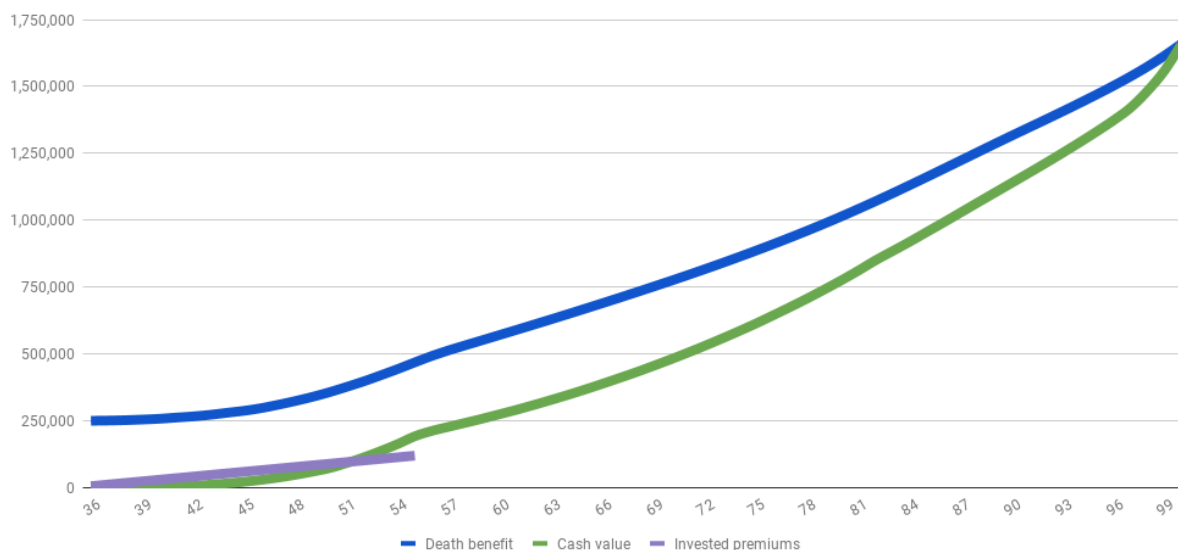
And, the happiest insurance clients we know are the ones that did.

Cost comparison: 500,000 term-10, term-20 and a minimum funded UL for a 35 years old male non-smoker



20-pay whole life of 250,000 for a 35 years old male non-smoker

Death benefit and cash values are not guaranteed. Product: Equitable Life Equimax Estate Builder 20 Pay. Date: 6 Oct 2018



Permanent

life insurance quotes

| Advisor's recommendation | Amount of insurance | Monthly premium | Insurance company |
|--------------------------|---------------------|-----------------|-------------------|
| | | | |
| | | | |
| | | | |

Quotes for combinations of permanent and term insurance

| Advisor's recommendation | Term period | Term insurance amount | Permanent insurance amount | Monthly premium | Insurance company |
|--------------------------|-------------|-----------------------|----------------------------|-----------------|-------------------|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

Term life insurance quotes

| Advisor's recommendation | Term period | Amount of insurance | Monthly premium | Insurance company |
|--------------------------|-------------|---------------------|-----------------|-------------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Insurability is a perishable asset. It can disappear instantly. Insurance prices increase with age and with increasing personal risk.

I/We, _____, have been informed by my advisor about the advantages and the disadvantages of the term and the permanent life insurance. I understand that:

- Insurability refers to one's ability to be approved for life insurance. It is a perishable asset.
- Life insurance prices go up with age. The earlier you buy life insurance, the cheaper it is.
- Term insurance is more affordable for the initial term, therefore allowing for a larger coverage.
- Term insurance can generally be renewed for a new term. The new term premium is always higher than the initial term premium.
- Term insurance is usually convertible to permanent life insurance before a specific age.
- Most term insurance products expire usually at age 80 or 85.
- Term insurance is usually used for temporary needs like the need to protect the children while they are financially dependent, the need to protect the partner/spouse during the employment years or to insure a mortgage. Temporary life insurance is often associated with the need to replace the income of a deceased person for his/her family.
- Permanent life insurance is more expensive in the initial years of ownership compared to term insurance.
- Permanent life insurance has no expiration date.
- Whole life insurance can grow cash values and provide for liquidity in later years.
- Permanent life insurance is generally used to build the family wealth, to increase the financial security for the next generation, to protect the estate from taxes, to invest in a tax-sheltered environment, to diversify corporate retained earnings, to complement one's retirement plan, to transfer wealth between generations, to give.

Date: _____ Client's signature: _____

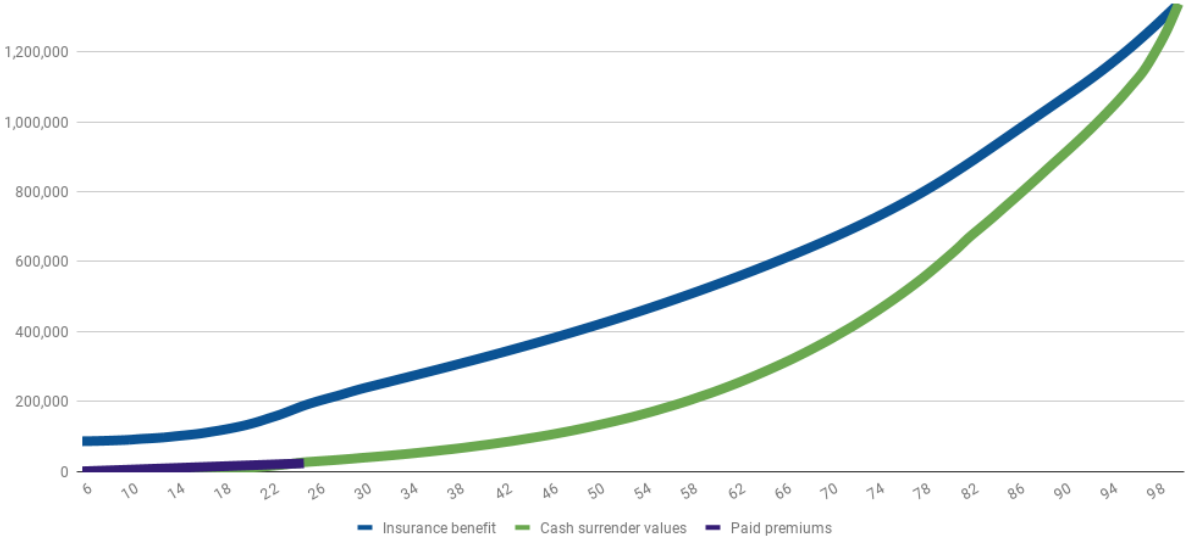
Date: _____ Client's signature: _____

LIFE INSURANCE FOR CHILDREN

Time goes by fast. How far in the future can you see? Our decisions today program the lives of the generations to come.

A 20-pay whole life insurance policy of \$100/month for a 5 years old girl

Insurance benefit and cash values are not guaranteed. Product: Equitable Life Equimax Estate Builder 20 Pay. Date: 6 Oct 2018



DISABILITY INSURANCE: INCOME PROTECTION

43% of the Canadian working households have had someone take time off work due to disability.
1 in 3 Canadians will experience a period of disability lasting longer than 90 days during their working lives.

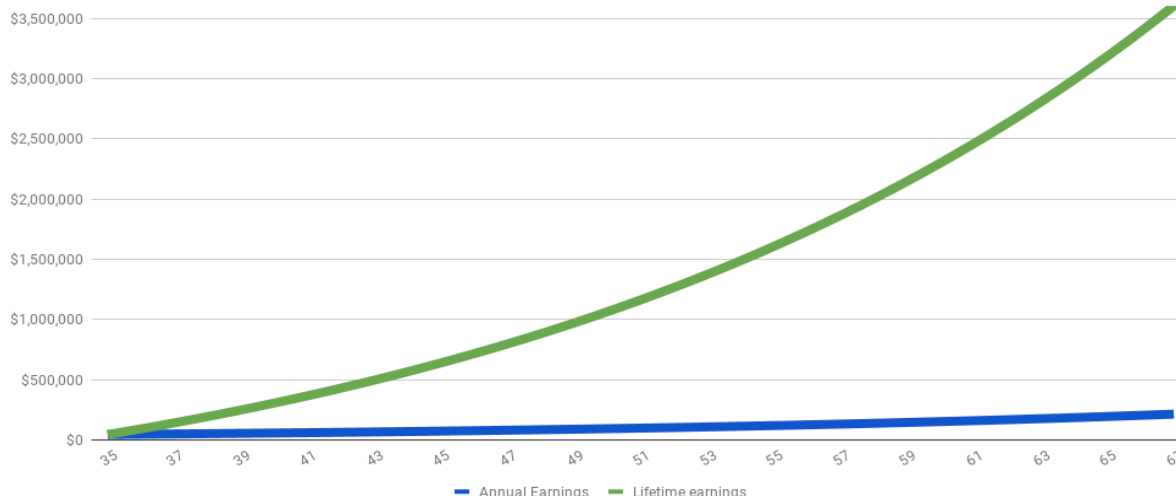
An excerpt from an RBC Insurance infographics on Disability insurance presenting the results from a survey done in June 2015.

What will happen if you lose your income for 6 months? What if you lose it for 6 years ... or until age 65?

Your financial goals, your dreams, your retirement plans, your kids' education, your lifestyle, the home you live in, the car you drive, the food you eat, they all depend on your income. How do you protect it?

Lifetime earnings of a 35-years-old. Isn't it worth it protecting it?

Current annual salary of \$45,000 indexed by 5%



Disability insurance quotes

| Advisor's recommendation | Monthly benefit | Waiting period | Benefit period | Other benefits/riders | Monthly premium | Insurance company |
|--------------------------|-----------------|----------------|----------------|-----------------------|-----------------|-------------------|
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CRITICAL ILLNESS INSURANCE: FOCUS ON RECOVERY

Do you know anyone that has had cancer, heart attack or stroke?

- 1 out of 4 will develop heart disease during their lifetime
- 1 out of 2 who is a heart attack victim is under 65 years of age
- 75% of victims survive a first stroke
- 1 out of 3 will develop some form of cancer
- 1 woman out of 9 will develop breast cancer
- 50,000 Canadians suffer from multiple sclerosis, one of the highest rates in the world
- Over 750,000 persons in Canada could suffer from Alzheimer's disease between now and the year 2031

Source Statistics: Canadian Cancer Society, Heart and Stroke Foundation of Canada, Multiple Sclerosis Society of Canada, Alzheimer Society of Canada

When critical illness hits, you would want to:

Pay for immediate treatment so you don't need to wait for months for the public medical services.

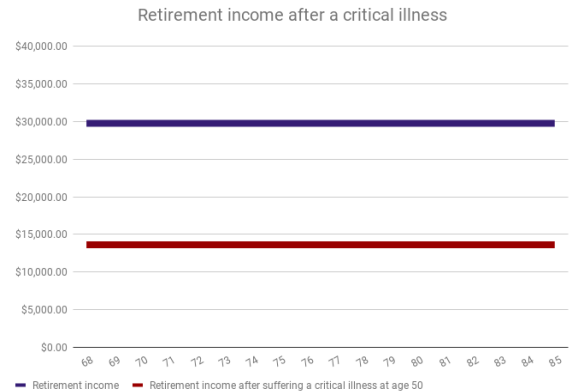
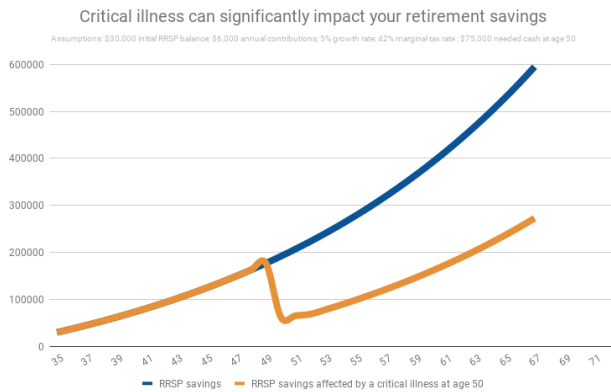
Pay for the newest drugs not covered yet by the provincial plan.

Pay for the expertise of recognized medical specialists.

Pay for the increased need of child care and home care services.

Replace the income you and your partner have lost.

If you have savings, you would use them ... and your retirement plan will get hit. If you don't have any savings, ... ?



Assumptions: \$30,000 initial RRSP balance; \$6,000 annual contributions; 5% growth rate; 42% marginal tax rate ; \$75,000 needed cash at age 50

Critical illness insurance is there to help you recover and go back to rebuilding your life.

How much does it cost?

Monthly premiums for \$100,000 term-10 with Manulife (Lifecheque critical illness insurance) as of October 2018

| Age | Female | | Male | |
|-----|------------|----------|------------|----------|
| | Non-smoker | Smoker | Non-smoker | Smoker |
| 30 | \$29.40 | \$31.62 | \$30.39 | \$39.76 |
| 35 | \$34.98 | \$47.68 | \$35.53 | \$55.51 |
| 40 | \$47.67 | \$76.57 | \$48.07 | \$83.05 |
| 45 | \$66.67 | \$119.48 | \$67.97 | \$138.40 |
| 50 | \$86.65 | \$173.39 | \$100.94 | \$235.42 |

Critical illness insurance quotes

| Advisor's recommendation | Term | Amount of insurance | Monthly premium | Insurance company |
|--------------------------|------|---------------------|-----------------|-------------------|
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EXISTING INSURANCE

Your insurance advisor needs to know your financial security situation to provide you with high quality advice tailored to your needs and desires.

Please list all your current insurance policies here:

| Insured | Policy type (life, DI, CI) | Term length | Amount of insurance | Year issued | Insurance company |
|---------|----------------------------|-------------|---------------------|-------------|-------------------|
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I/We, _____, refuse to provide details about our existing insurance policies. We understand that by doing so we negatively affect the quality of advice we can expect to receive.

Date: _____ Client's signature: _____

Date: _____ Client's signature: _____

Do you consider cancelling any of the policies you currently have in force or have you recently cancelled a policy?

Yes. Please tell us which one and why: _____

No.

Has your advisor proposed that you cancel or modify any policy, rider or insurance benefit you currently have in force?

Yes. Please tell us which one and why: _____

No.

Date: _____ Client's signature: _____

Date: _____ Client's signature: _____

THE REASON WHY.

Based on ivari form # LP1868EN 8/18, Insurance Plan Summary/Reason Why

Know how you are protected and why. (To be signed by the client not later than the time of delivery of the policy.)

Policy owner : _____ **Policy number :** _____

Congratulations on taking action to protect your family and your financial well-being. Your new insurance contract issued by _____ (name of insurance company) comes with valuable benefits and guarantees.

Most importantly, it gives you and those around you an extra layer of financial protection. During our insurance needs conversation, we discovered that you have specific insurable needs. As a result, you made the decision to apply for this contract to help you protect those needs. The following is a summary that confirms our discussions and conclusions that were the basis for the offered insurance.

Reason for the insurance.

The reason why you purchased insurance:

Amount needed based on the needs analysis: _____

The amount you choose to purchase now : _____

Insurable shortfall (if any) : _____

Replacing other personally held insurance policies/riders/insurance benefits.

- In the sale of this new policy, I have never proposed, suggested, or in any direct or indirect way made you cancel any other personal insurance policy/rider/insurance benefit you have or have recently had.
- I have proposed that you cancel policy/rider/benefit # _____ with _____ (insurance company) and replace it with the proposed new policy for the following reasons: _____

A **Notice of Replacement** was completed at the time of you signing the application for the new policy so you can properly compare it to the replaced policy.

Policy details.

Type of policy : _____ Term : _____ Term exchange option expiry date: _____

Current premium: _____ Renewal date : _____ Renewal premium: _____

Your basic insurance costs are guaranteed for : _____

Expiry date (if any) : _____ Conversion expiry date (if applicable) : _____

Beneficiaries : _____

Any additional benefits included (cost waived if disabled, child future insurability, etc.) ?

Insurance costs paid or any additional cost(s) required (health or related ratings) :

Future needs.

Additional protection needs we discovered (illness protection, coverage shortfall, etc.) :

Reason for our next meeting:

My commitment to you.

As we discussed in our initial engagement agreement, I make a commitment to communicate with my clients on a regular basis. We will review this protection plan at these regular intervals: _____ Please contact me should any change to your family or financial situation occur.

Advisor's name : _____ Phone number : _____

Date : _____ Advisor's Signature : _____

Date: _____ Client's signature: _____

Date: _____ Client's signature: _____

FOR INTERNAL USE ONLY. DO NOT PROVIDE TO CLIENTS.

CLIENT RISK ASSESSMENT TOOL

Anti-money laundering and terrorism financing.

This tool is used to document client risk assessments when automatic high-risk characteristics are present and/or potential high-risk triggers are present when on-boarding and/or monitoring.

Document in the space below the rationale for client risk rating.

Automatic high-risk characteristics

If any of the flags below are present the client is high risk.

- Politically exposed foreign persons
- A client where a suspicious transaction, terrorist financing report has been filed
- A client who is an identified terrorist
- A client for whom we are unable to obtain beneficial ownership information
- A client with transactions sent to or received from North Korea (regardless of amount)

Potential high-risk triggers

Any one trigger may be enough to assess a client as high risk, and typically if three or more triggers are present the client should default to high risk. This can vary depending on our knowledge of other factors about the client's profile such as the products they hold, tenure with client, source of funds etc.

Client characteristics, product, service, delivery channel:

- Politically exposed domestic person, head of international organization and close associates
- Premium payments/deposits via wire orders from foreign jurisdictions
- Third party involvement without reasonable justification
- Occupation – High-risk occupations (i.e., cash intensive businesses, off shore business, business in high risk countries, online gambling)
- Client's business structure or transactions seems unusually complex
- Non face-to-face client identification without justifiable reason

Geography:

- Client resides outside local or normal customer area
- Client resides in known crime area
- Client has offshore business activities, client connections to high-risk countries

Other suspicious transaction indicators:

- Volume/timing/complexity of transactions inconsistent with purpose of the policy/account
- Value of deposits inconsistent with occupation or source of funds
- Presence of any suspicious transaction indicators outlined in Part A "Background information" section

General indicators

The following are a few examples of general indicators that might lead us to suspect that a transaction is related to a money laundering or terrorist activity financing offence. It will not be just one of these factors alone, but a combination of several factors in conjunction with what is normal and reasonable in the circumstances of the transaction or attempted transaction.

- Client admits to or makes statements about involvement in criminal activities
- Client produces seemingly false documentation that appears to be counterfeited, altered or inaccurate
- Client does not want correspondence sent to home address
- Client appears to have accounts with several financial institutions in one area for no apparent reason
- Client repeatedly uses an address but frequently changes the name involved
- Client is accompanied and watched
- Client shows uncommon curiosity about internal controls and systems
- Client presents confusing details about the transaction
- Client makes inquiries that would indicate a desire to avoid reporting

- Client is involved in unusual activity for that individual or business
- Client insists that a transaction be done quickly
- Client seems very conversant with money laundering or terrorist activity financing issues
- Client refuses to produce personal identification documents
- Client frequently travels to a high risk country

Industry specific examples

- Client wants to use cash for a large transaction
- Client proposes to purchase an insurance product using a cheque drawn on an account other than his or her personal account
- Client requests an insurance product that has no discernible purpose and is reluctant to divulge the reason for the investment
- Client who has other small policies or transactions based on a regular payment structure makes a sudden request to purchase a substantial policy with a lump sum payment
- Client conducts a transaction that results in a conspicuous increase in investment contributions
- Scale of investment in insurance products is inconsistent with the client's economic profile
- Unanticipated/inconsistent modification of client's contractual conditions, including significant or regular premium top-ups
- Unforeseen deposit of funds or abrupt withdrawal of funds
- Involvement of one or more third parties in paying the premiums or in any other matters involving the policy
- Overpayment of a policy premium with a subsequent request to refund the surplus to a third party
- Funds used to pay policy premiums or deposits originate from different sources
- Use of life insurance product in a way that resembles use of a bank account, namely making additional premium payments and frequent partial redemptions
- Client cancels investment or insurance soon after purchase
- Early redemption takes place in the absence of a reasonable explanation or in a significantly uneconomic manner
- Client shows more interest in the cancellation or surrender of an insurance contract than in the long-term results of investments or the costs associated with termination of the contract
- Client makes payments with small denomination notes, uncommonly wrapped, with postal money orders or with similar means of payment
- The duration of the life insurance contract is less than three years
- The first (or single) premium is paid from a bank account outside the country
- Client accepts very unfavourable conditions unrelated to his or her health or age
- Transaction involves use and payment of a performance bond resulting in a cross-border payment
- Repeated and unexplained changes in beneficiary
- Relationship between the policyholder and the beneficiary is not clearly established

Document your assessment and rationale here. Notes from ongoing monitoring can also be recorded here.